

SETTLEMENT AGREEMENT FINAL RECEIPT AND RELEASE OF LIABILITY

1. Employer's name _____
Address: Street _____ City _____ State _____ ZIP _____
2. Insurance carrier _____ Phone # _____ (Ext) _____
Address _____ Ins. Co. File No. _____
3. Injured worker _____ Social Security Number _____
Address: Street _____ City _____ State _____ ZIP _____
4. Nature of injury for which this claim for compensation is made _____

5. Date of injury _____
6. Last day employee worked _____
7. Date employee was able to return to work _____

8. Date employee returned to work _____
9. If employee worked between date of injury and last date of disability,
give dates: _____

10. Average weekly wage \$ _____
11. Weekly compensation rate \$ _____

Compensation paid on the following bases

12. _____ weeks _____ days
temporary total disability \$ _____
13. _____ weeks _____ days
_____ % temporary partial disability
@ _____ per week \$ _____
14. _____ weeks permanent partial disability for:
Percent of amputation to _____ \$ _____
_____ % loss of use of _____ \$ _____
- TOTAL COMPENSATION: \$ _____
15. Hospital expense _____ \$ _____
16. Medical expense _____ \$ _____
17. Other (specify) _____ \$ _____
Total Medical _____ \$ _____

NOTE: No compromise settlements shall be made on a final receipt and release of liability.

18. Is this a Release and Receipt for payments made on award of Director? _____
If hearing(s) held give date and place of hearing(s) _____

FINAL RECEIPT AND RELEASE OF LIABILITY

Received from (Name of employer or insurance carrier) _____
the sum of _____ (\$ _____) making in all, with payments
already received a total sum of _____ (\$ _____)
IN FINAL RECEIPT AND RELEASE OF LIABILITY of this claim for compensation and any other claims for compensation heretofore made on account of
any and all injuries and disability incurred by reason of the accident referred to in this instrument.

SIGNED, ACKNOWLEDGED AND AGREED by Employer and Worker this _____ day of _____ A.D., 20 _____

Employer or Agent of employer and insurance carrier

Worker

JURAT

State of Kansas, County of _____ ss.

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me, the undersigned, a Notary Public
in and for said county and state, came the above named worker, to me personally known to be the same person who signed, acknowledged and agreed
to the foregoing instrument of writing and duly acknowledged that he understood and executed the same as of the date above written.

My commission expires _____

Notary Public

The Kansas Workers Compensation law provides that compensation due may be settled by agreement and that the employer is entitled to a receipt and release of liability upon final payment of compensation due, and that such final receipt and release of liability shall be filed by the employer in the office of the Director of Workers Compensation within sixty (60) days after the date of the execution of the same, and that such agreement, final receipt and release of liability is made subject to the approval of the Director that the correct amount of compensation has been paid as required by law, and will automatically become approved by law unless disapproved by the Director within twenty (20) days of the date it is received by that office.

51-3-2 Final receipt and release of liability. A final receipt and release of liability shall cover all compensation paid and shall not be taken until the disability has terminated, or in case of permanent partial disability, until a final determination of the percentage of that permanent partial disability can be definitely ascertained. No compromise settlements shall be made on a final receipt and release of liability. The physician's report or reports accompanying the final receipt and release of liability shall conform to the amount paid for the disability except when the rating is an average of the ratings expressed by the doctors.

Dates and figures required shall be specific and accurate, and only in exceptional instances where explanation is necessary may insertions or additions be made.

The final receipt and release of liability shall be signed by the claimant, and the signature shall be notarized. The final receipt and release of liability form shall be accompanied by a physician's final report and by an accident report if the report has not already been filed with the division of workers compensation. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-527; effective Jan. 1, 1966; amended Jan. 1, 1973; amended Feb. 15, 1977; amended May 1, 1978; amended May 1, 1983; amended June 21, 2002.)

NOTE (1): A physicians final report must accompany this agreement when it is filed with the Director for approval.

NOTE (2): No compensation other than medical is payable for the first week following the injury, except cases of amputation or death, unless temporary total loss continues for three consecutive weeks.

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.